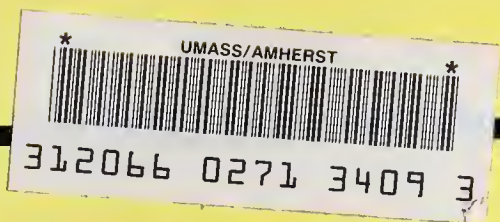


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**GUIDE TO
PLANNING TRANSITIONS
FOR YOUNG CHILDREN
AND THEIR FAMILIES**

**MASSACHUSETTS DEPARTMENT OF EDUCATION
BUREAU OF EARLY CHILDHOOD PROGRAMS**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
PROGRAMS SERVING CHILDREN BIRTH THROUGH TWO
AND THEIR FAMILIES**

1991

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PREFACE

Smooth, supportive transitions from infant-toddler programs to preschool programs and then to kindergarten programs are essential to the educational adjustment and development of young children. The Department of Education, the Department of Public Health, the Office of Human Development Services (Head Start) and the Executive Office of Human Services are committed to facilitating smooth transitions for all young children.

This Guide was developed to provide materials for practitioners to draw upon when planning transitions for young children with special needs or at risk of having special needs. The Guide includes the following elements which can be used independently or as a whole:

- **Policy on Early Childhood Transitions** (Section I). The policy has been written by the Massachusetts Department of Education and the Department of Public Health and is supported by the Executive Office of Human Services, the Office of Human Development Services (Head Start) and the Department of Mental Retardation. The policy is based on the idea that local service providers, who know the children, their families and the services available are most effective in developing procedures and activities to support the child and the family during transitions.
- **Guide To Interagency Transition Planning** (Section II). A three-year project was funded by the Department of Education to create models of transition through interagency collaboration among Early Intervention, Head Start and child care programs serving young children with special needs. The Guide is based on the experience gained through the Collaboration for Children Project and is designed to support professionals in areas related to interagency collaboration.
- **Five Case Studies** (Section III) illustrating various ways in which the transition process may be implemented through collaboration. The case studies depict children with developmental delays or more complicated medical diagnosis moving from an Early Intervention program to Head Start, day care and/or special classes or integrated programs supported by local school systems.
- **Transitions from a Family Perspective** (Section IV). Written by the parent of a child with special needs, "Turning Three: A Family Perspective", is a first-hand account of how one family worked out a thoughtful program for their child as he made the transition from Early Intervention to a preschool program. Strategies to assist parents in getting started and important details to address during the process are highlighted.

We hope this Guide will be a useful resource for staff development, for parents with children transitioning from one agency to another or to assist in the development of local collaborative transition procedures among agencies.

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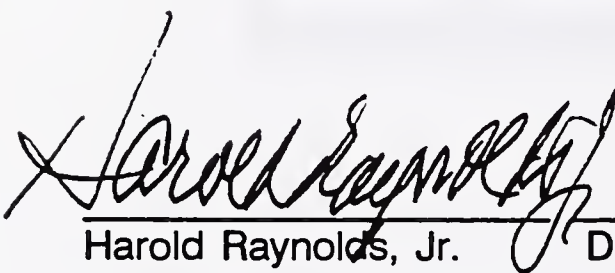
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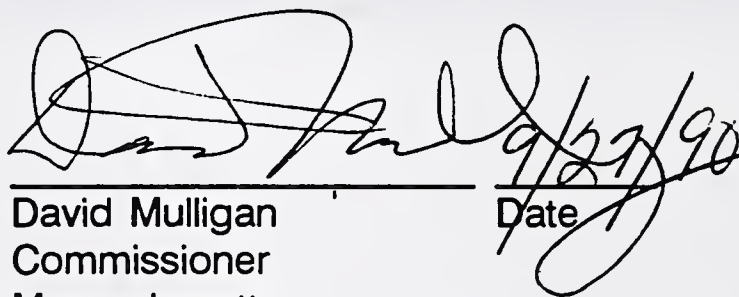
POLICY ON EARLY CHILDHOOD TRANSITIONS

The Massachusetts Department of Public Health
The Massachusetts Department of Education
The Office of Human Development, Department of Health and Human Services
The Massachusetts Executive Office Of Human Services

In acknowledgement of the importance of establishing comprehensive, well-defined procedures for coordinating the transitions of young children and their families as they move from one service agency to another, I endorse these guidelines and the concept of interagency collaboration.

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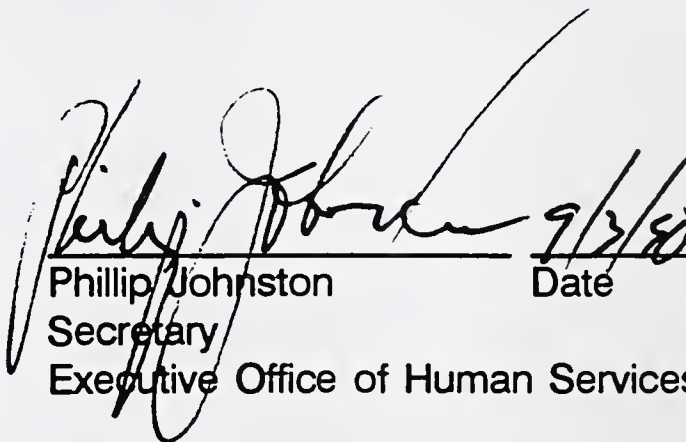
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FOREWORD

The Department of Education, the Department of Public Health, the Office of Human Development of the Department of Health and Human Services (Head Start) and the Executive Office of Human Services are committed to facilitating smooth transitions for young children with special needs, or at risk of having special needs, and their families.

This policy has been written by the Massachusetts Department of Education and the Department of Public Health, and is supported by the Executive Office of Human Services, Head Start (Office of Human Development, Department of Health and Human Services) and the Department of Mental Retardation. This policy is based on the idea that local service providers, who know the children, their families, and the services available, are most effective in developing procedures and activities to support the child and the family during transitions. The purpose of this policy is to provide a framework for increased collaboration and joint planning for transitions among agencies serving young children.

TRANSITION POLICY

Comprehensive, well-defined procedures for coordinating the uninterrupted transition from an infant-toddler program to a preschool age program, and then to a kindergarten program, are essential to the educational adjustment and development of a young child with special needs and the well-being of the child's family.

Building upon what has been learned through various initiatives across the state (see Appendix A), this policy has been developed to address transitions during the early childhood period. It is designed to have a positive impact on planning, delivery and evaluation of transition practices and to increase the comprehensiveness and usefulness of transition procedures. The intent of this information is not to mandate any one set of transition procedures but to provide guidelines in three targeted areas for decision makers to address as they develop transition plans. These areas of focus include the CHILD, the FAMILY and the AGENCIES. Transition procedures at the local level which respect the perspectives of all the primary participants in transition, the child, family and service providers, are being given the highest priority.

We support the concept of collaboration as well as the use of existing interagency councils in carrying out the transition process. Because we believe early childhood agencies should assume joint responsibility for the methods and means of implementing this policy at both the local and state levels, a lead agency has not been specified in this document. To illustrate various ways in which the transition process may be implemented through collaboration, case studies have been prepared and are available in the Guide for Transitions in Early Childhood (Massachusetts Department of Education, in press).

FOCUSING ON THE CHILD

For the child, a collaboratively developed transition plan should decrease disruption and gaps in services and enhance the child's adjustment to new settings. Identification of adaptive equipment needs and classroom modifications, opportunities to visit new programs prior to entry, as well as joint assessments and observations, will facilitate the child's ability to participate in the new setting.

Guidelines to enhance a child's transition to the new setting(s) include the following:

- Establish a process which involves parents (*) as well as staff from both the sending and receiving agencies in identifying what is known about the child, what needs to be known, and procedures for gathering further information to avoid duplication of assessments, evaluations, and resources.
- Identify and plan for all adaptive, equipment and transportation needs in the receiving program(s).
- When possible and appropriate, arrange for teachers or other appropriate staff persons from the receiving program(s) to observe the child in the sending program's setting and encourage sharing of information about a child's strengths and needs, as well as effective teaching and adaptive strategies by parents and teachers.
- Devise activities to assist the child in adjusting to the new settings, such as arranging pre-placement visits for the child, and arranging for parents, therapists or other appropriate staff persons to observe and/or visit.

(*)Where the word "parent" appears, it should be considered to apply equally to the legal guardian.

FOCUSING ON THE FAMILY

For the family, a collaboratively developed transition plan should provide ongoing opportunities for parent involvement. A plan that accommodates the needs and preferences of parents, and defines the process for meeting the needs of their children during the transition to new programs, will alleviate the anxiety and stress that frequently accompany change.

Recognizing that parents are the most effective advocates for their children, both sending and receiving agencies should include the following components in involving families:

- Involve parents in jointly designing and providing parent training. Training activities need to address the following issues:
 - Early childhood programs available in the community
 - The Chapter 766 process
 - Rights and responsibilities of parents under Chapter 766
 - P.L. 99-457 (Education of the Handicapped Amendment, 1986)
 - Community resources for advocacy and support
 - Other subjects identified by parents
- Training should be offered as needed, and may include representatives from parent training and advocacy groups, parents who have been through similar transitions with their children, and representatives of the range of local agencies that provide services to young children.
- Offer an opportunity for parents to visit preschool settings which are possible options for the child's future placement.
- Offer an opportunity for parents to meet with sending and receiving staff to share information, answer questions and discuss what and when specific events will occur in the transition process. Information about a referral to a Chapter 766 or other early childhood program should be included.
- Once placement in the receiving program has been established, a plan should be developed for ongoing family involvement which is culturally sensitive to and consistent with each family's needs and preferences.

FOCUSING ON AGENCIES

For agencies, a collaboratively developed transition plan helps to promote positive, cooperative interactions. Such a plan will facilitate a smooth transition process, with local agencies sharing the responsibilities involved, thus minimizing the burden of the process on any single agency. As agencies begin to collaborate, problems may arise; however, ongoing communication and formal planning among agencies serving young children will increase both knowledge and appreciation for each other's services as well as diminish duplication of effort.

A transition process reflecting the principles in this document should be developed to provide a framework for all sending and receiving agencies (*) serving children having or at risk of having special needs from birth to five, and to include the following:

- Plan regular joint meetings (quarterly, semi-annually, etc.) to review up-to-date information on the Comprehensive Special Education Law (Chapter 766), the Act Relative to Early Childhood Intervention Services (Chapter 699), and other relevant legislation and developments, such as the Early Intervention Operational Standards (DPH). Joint meetings should also identify and address any existing gaps in services.
- Whenever possible, agencies are encouraged to invite staff from other agencies to participate in training.
- Plan for the sharing of responsibilities among sending and receiving agencies and parents on an ongoing basis. Develop and implement a collaborative transition plan which addresses the concerns of children and families.
- Sending programs will provide information about children who may need chapter 766 services to school districts annually, in a way which will ensure the confidentiality of information about families. Early Intervention programs are responsible for making referrals of specific children at least 6 months prior to the child's third birthday.
- A child in an Early Intervention program who turns three after April 1 may be retained until September 1, if summer services are not provided by the receiving program(s). These children will begin receiving direct services on the opening date of the receiving program(s).
- The Department of Education supports the initiation of the process of transition at 2 years, 6 months (See Appendix B). To eliminate possible breaks in services for a child transitioning from an Early Intervention program, direct services must begin in accordance with the signed individualized education plan (IEP) no later than a child's third birthday. For planning purposes, sending agencies should contact special education directors to plan the use of community placements well before these programs have reached capacity.

(*) Sending and receiving agencies may include, but are not limited to child care, Early Intervention, Head Start, public/private preschool and kindergarten programs.

CONCLUSION

As change can be stressful for everyone involved, transition activities should be sensitive to problems that families and children face. They should also facilitate children's ability to participate in new settings, and encourage interagency planning.

The intensified efforts to identify and serve children who have special needs or who are at risk of having special needs mandated under Public Law 99-457, will result in a substantial growth in programs serving young children birth through five. Agencies serving young children will need to expand to accommodate this growth in population. Now, more than ever, the Department of Education, Department of Public Health, Head Start, child care and other agencies need to work together to plan and provide effective services to young children and their families. A carefully planned transition process should benefit children with special needs, their families and agencies, and facilitate the education of children in the least restrictive environment.

In response to the substantial need to improve transitions for young children and their families in Massachusetts, the Department of Education, the Department of Public Health, the Executive Office Of Human Services and the Administration for Children, Youth and Families are supporting the initiatives described herein, and using the expertise gained, have developed these guidelines. Use of these guidelines is an important step toward providing comprehensive and uninterrupted services, and should result in increased communication among agencies and families and establish a foundation for future cooperation.

This policy statement has drawn on both state and local initiatives. The Department of Public Health's draft of transition standards has proven useful in delineating key steps in transition planning. The Collaboration for Children Project has demonstrated the importance of addressing problems and building upon services and linkages already established at the local level. The self-initiated efforts of the participating sites to improve transitions have validated the importance of the issue and timeliness of the work.

APPENDIX A

Rationale

In Massachusetts, several initiatives have been undertaken to provide continuous and coordinated services to young children and their families. Since transitions typically involve two or more agencies, interagency collaboration is an important feature of these projects. As a result of this work, a number of promising approaches are being developed to improve transitions.

The initial impetus to develop better procedures for transitions emerged from the findings of a statewide study of early childhood transitions*. The study, which assessed practices of Early Intervention and public school programs in regard to transitions, pointed out a need for improvement in these practices. The investigation indicated that breaks in services to young children with handicaps occur frequently during the transition process, and that these breaks can, and often do, result in serious developmental problems. Even when they do not, they often have a serious impact on the family's quality of life. Furthermore, the findings suggest that the breakdown in services is often unrelated to the needs of either the child or of the family, but is related to differences in policy, philosophy or procedures of the involved agencies. The study concluded that transition practices in the early childhood period tend to be isolated and fragmented, often resulting in the child and family being lost in the process.

The study illustrated the need for increased collaboration and joint planning for transitions among agencies serving young children. At the time, few collaborative models of early childhood transitions existed which could be adapted for use. One initiative designed to remedy this situation has been the Collaboration for Children Project, a project funded by the Massachusetts Department of Education, and overseen by the Early Childhood State Planning Committee (now known as the Massachusetts Early Childhood Advisory Council). This Project has evolved through three phases. In Phase I of the Collaboration for Children Project, three local Projects developed models of transition through interagency collaboration among Early Intervention, public schools, Head Start and child care programs which serve young children with special needs. The three sites, selected through a competitive grant process to represent urban, suburban and rural programs, were located in Arlington, Lynn and Franklin-Hampshire Counties (Gill-Montague).

* Massachusetts Association for Retarded Citizens (MARC), 1986. Transition Practices for Handicapped Youngsters in Early Childhood Settings, final report to the Massachusetts Developmental Disabilities Council.

Phase II of the Collaboration for Children Project extended these efforts to an additional 52 communities across the Commonwealth, providing training and technical assistance to local interagency teams through summer and follow-up Institutes. Local teams worked to develop interagency agreements for transition procedures in their local areas and designed mini-projects around transitions including resource directories, parent handbooks, brochures and videotapes.

Plans are underway to extend these efforts to additional communities through a third phase of the Collaboration for Children Project in 1992 with additional funding from the Department of Public Health. Further information about the Collaboration for Children Project and its outcomes may be obtained through the Department of Education.

An initiative undertaken by the Massachusetts Department of Public Health through its advisory council for Early Intervention Programs, the Interagency Coordinating Council (ICC) was the development of transition standards for Early Intervention programs to follow. After reviewing existing transition models and literature, and gathering input from parents and service providers, a working draft of transition standards was formulated.

Independently, several regional groups across the state have initiated joint planning and implementation of transition activities to address the confusion, duplication of services and breaks in services endured by children and families.

In response to the substantial need to improve transitions for young children and their families in Massachusetts, the Department of Education, the Department of Public Health, the Executive Office of Human Services and the Office for Human Development Services are supporting the initiative described herein, and using the expertise gained, have developed these guidelines. Use of these guidelines is an important step toward providing comprehensive and uninterrupted services and should result in increased communication among agencies and families and establish a foundation for future cooperation.

This policy statement has drawn on both state and local initiatives. The Department of Public Health's draft of transition standards has proven useful in delineating key steps in transition planning. The Collaboration for Children Project has demonstrated the importance of addressing problems and building upon services and linkages already established at the local level. The self-initiated efforts of the participating sites to improve transitions have validated the importance of the issue and timeliness of the work.

APPENDIX B

SUPPORTING THE INITIATION OF SERVICE BY THE PUBLIC SCHOOLS BEFORE AGE THREE

To prevent a break in services for young children transitioning from Early Intervention Programs into the public schools, the Department encourages school districts to begin evaluating children before their third birthday, as services must begin no later than the child's third birthday. The several ways a school system can receive support for beginning services before age three are listed below.

I. State Aid: Chapter 70

Chapter 766 Regulations, as revised in 1991, encourage the provision of services between the ages of two and one-half and three years of age. Regulation 304.7 states: "School committees are encouraged to accept referrals from such persons and agencies at the time the child turns two and one-half years old to ensure continuity of services and to ensure that if the child is determined to need special education, the IEP is implemented by the date of the child's third birthday."

For state aid purposes, in their End of Year Report, districts may include children between ages two and one-half and three if they have a valid educational plan and are receiving services. Schools can include their full time equivalent membership in the End of the Year Report, on Schedule II, line 5038, under Pre-School 502.8.

II. Federal Funds

In addition to claiming a child between the ages of two and one-half and three under Chapter 70, a school district may count a child under either PL 89-313 or PL 94-142 and receive federal support.

PL 89-313

Children under the age of three who enter the public schools after being served by another state agency (89-313 funds are intended to support children previously served by institutions or agencies other than education) may be reported by the school system on the December 1 Report under 89-313.

PL 94-142

PL 94-142 and its Amendment PL 99-457 may be used to support children who start school before age three, but who turn three by December 1. Children who are three by December 1 may be included in the 94-142 section of the December 1 Report, which automatically qualifies them for 99-457 funds.

While PL 94-142 supports the provision of services for children from birth through 21, PL 99-457 specifically states that its funds (Section 619) are to be used exclusively for children from 3 through 5 and that children must be three by December 1 to be included on the December 1 Report under PL 94-142.

**GUIDE TO
INTERAGENCY TRANSITION PLANNING
IN EARLY CHILDHOOD**

The Collaboration for Children Project has demonstrated that when agencies collaborate, transitions are smoother, parents are more involved and satisfied with the process, and professionals are more respectful of one another and better able to work together in the planning and provision of services.

While there is sufficient evidence on the benefits of interagency collaboration, few guidelines have been available to assist agencies in collaborating. The questions of how to get started, who to involve, how to address issues and make mutually satisfactory decisions frequently arise. The experiences gained through the Collaboration for Children Project have helped to identify processes that are critical to effective interagency collaboration during periods of transition in early childhood.

BUILDING INTERAGENCY RELATIONSHIPS

Examine and Define the Issues of Transition

At the outset, it is critical that participants be educated about all issues surrounding transitions. The process of education is a necessary and important benefit of collaboration and can take place in a variety of ways. For example, the Collaboration for Children Project evolved from a statewide study of transitions in early childhood settings (Warren, 1987); this created a framework for examining and defining the issues. Project representatives shared findings and recommendations from the study at statewide meetings. Then, each local site took these research findings and examined their relevance to their local setting.

To understand the complexity of transitions and their impact on children and families, it may be useful for agency representatives to begin by contemplating difficult transitions in their personal lives and talking about what would have made them easier. Discussions of personal transitions can serve as a foundation for understanding the feelings that surround transitions. These feelings may include loss, fear of the unknown, and sadness. These discussions helped professionals to better understand the issues surrounding transitions for young children with special needs and their families. Once participants recognize that the context of transition may be difficult, interagency groups can begin to define the issues they need to resolve. In the Collaboration for Children Project, the issues that emerged were organized into three target areas: child-centered issues, family issues and agency-related issues.

One strategy that helped interagency groups in the Collaboration for Children Project in defining the issues they needed to resolve was to outline what they had already accomplished and what issues remained to be addressed within each major heading (see the Transition Planning Activity in the Addendum). This strategy helps to ensure that the plan of action developed will be individualized according to local needs.

Develop a Plan of Action

Comprehensive, collaborative planning is central to smooth transitions, and requires that communities:

- Bring together the best thinking and representation available from all concerned groups;
- Establish a collaborative decision-making process;
- Designate one or more key persons to assume a leadership role to maintain motivation, promote negotiation, provide support and coordinate interagency communication;
- Provide opportunities for agencies to share information, increase professional understanding and build trust and confidence in each other's capabilities;
- Develop a shared vision of what needs to be in place to improve affect early childhood transitions.

Develop a Structure and Process of Collaborative Planning

Comprehensive planning cannot take place without an appropriate structure and process to make things happen. In the case of early childhood, there are numerous agencies responsible for providing services to children and their families. A place to begin is to define the players, enlisting all the agencies involved in providing services and the specific services they provide. This would require meetings dedicated to sharing information about respective agencies' activities.

The Interagency Committee or Council

Regular meetings of a committee made up of persons responsible for transitions will enable all agencies to cooperate and communicate more effectively. An interagency committee may include:

- Early Intervention (EI) program administrators and parents
- Public school administrators and parents
- Local Head Start representatives
- Preschool directors
- Teachers of early childhood programs including child care programs
- Representatives from local agencies or programs serving young children (e.g., the Department of Social Services, Public Welfare, Visiting Nurses and community mental health staff).

In the three Phase I Collaboration for Children Project sites, interagency advisory councils were established to develop and oversee the implementation of transition procedures. The councils in the three Project sites were similar in mission, but their composition and organization differed. The specific work of interagency councils should be determined locally, but in general, major roles assumed by these collaboration councils were to:

- Clarify goals and desired outcomes of the transition project
- Engage in collaborative planning around transitions
- Outline and overseeing implementation of transition procedures
- Develop and disseminating resources
- Provide input into the evaluation process
- Institutionalize collaborative transition procedures in their respective programs/agencies
- Organize joint training for staff of participating organizations/agencies and for families.

Possible Planning Structures

Several patterns of collaboration evolved from the Collaboration for Children Project's model sites. These experiences may suggest structures for collaboration that can be useful in other communities.

► **Build On Existing Structures**

Oftentimes, agencies have already worked in a collaborative manner to address some aspect of early childhood services or group planning. For example, in the Project's urban site, to facilitate collaborative planning, a core group of agency representatives already participating on the local Chapter 188 Early Childhood Advisory Council were invited to serve on an "interagency transition task force". Administrators from Head Start, the public schools, Early Intervention and day care were selected based on their involvement in early childhood transitions, prior experience with coordinating early childhood services and the degree to which they would be affected by changes in transition procedures.

Where collaborative structures already exist, existing interagency documents or agreements can be useful in working through other issues such as those surrounding transition. This was the case in the Collaboration for Children Project's urban site. A previous interagency document served as a foundation for clarifying early childhood policies, defining transition procedures and facilitating communication among agencies. The existing document was refined and rewritten as an interagency agreement. After focus issues were identified, standards were developed along with strategies for translating them into effective practice. Drafts of the agreement were taken back to respective agencies for comment, refined and corresponding forms outlining collaborative responsibilities were created.

► **Develop a New Structure**

In the Collaboration for Children Project's rural site, an interagency council was created specifically to address the issue of transitions. This council represented a broad constituency consisting of three regional public school districts, Head Start, Early Intervention, the Department of Public Health, the Office for Children and parent advisory council. In contrast to the urban Project, members were not drawn from the existing local advisory board. Over the three year period, membership expanded. Initially, this council was composed of representatives with key decision-making responsibilities in their respective agencies. During the second year of the Project, as decisions were made requiring changes in local procedures, program coordinators, specialists and families were added to the Council. Similar to the urban site, the council met on a monthly basis. A new structure was also piloted in the Project's suburban site (called the *transitional developmental group*) to determine whether agencies could reach consensus on appropriate services for young children.

► **Develop a Series of Interlocking Structures**

A decentralized model of interagency planning was used by the suburban site to assist in both the development and dissemination of transition procedures. The interagency council consisted of three interlocking committees that were responsible for performing Project tasks:

- a "central committee" that was responsible for developing, administering and staffing the major aspects of the transition model;
- a "contributing committee" that included the central committee as well as representatives of local and private agencies who reviewed project activities and participated in the development of products;
- a "community advisory committee" of personnel from a broad range of human service agencies and institutions that met semi-annually to receive information about the Project and to review products.

Identify Staff Responsible for Interagency Transition Planning

The interagency council or planning committee can hire someone to fill the role of planning transitions between agencies, or they can use existing staff. The key is that one (or more) individuals be responsible for interagency transition planning. In some cases, it may be appropriate for the key person to assume additional roles in the transition process.

In the Project's rural and urban sites, facilitators were appointed by the public school system to coordinate transition activities. In the rural site, the facilitator worked directly with families to assist them in the transition from Early Intervention to public preschool programs. Tasks specific to the facilitator's role included serving as an advocate for children and families, developing parent support groups and providing counseling.

Facilitators coordinated day-to-day transition activities (planning and notification of meetings, record keeping, distributing minutes and information) as well as major transition activities (joint training, joint screening, needs assessments, resource development, interagency visitations, progress reports). They also organized interagency council meetings and were involved in trouble shooting and conflict resolution. The role of the facilitator was critical to the success of the Project in the urban site, where most of the agencies involved were understaffed, so the agencies turned to the public school system to take the lead in the areas of outreach, screening and transition. Having someone available to assume those responsibilities increased the public school system's credibility among agencies.

In the suburban site, no facilitator was appointed. Instead, the responsibilities of planning transitions were distributed by mutual agreement among the three members of their central committee (representatives of the three principal agencies involved in transitions). Since the grant was awarded to the public schools, it became the responsibility of their Early Childhood Coordinator to be sure that reports were submitted and fiscal accounts maintained. This person and the EI representative assumed the additional responsibilities of implementing project activities. The Head Start director assumed the role of mediator in interagency issues related to transition.

Conduct a Needs Assessment

One of the first tasks the interagency council may want to take is a needs assessment to guide the planning process. The needs assessment can serve several purposes. In cases where there is a general dissatisfaction or uneasiness about the effectiveness of current transition practices, a needs assessment can assist in pinpointing specific weaknesses and problem areas. A needs assessment can also help interagency planning teams to prioritize needs, allocate resources and revise procedures by asking the following questions:

- What are we trying to accomplish through our current transition procedures?
- How effective are current procedures in accomplishing the goals of the transition process?
- What problems are staff experiencing with current procedures?
- What problems are families experiencing with current procedures?
- What adjustments in current procedures might lead to more efficient and effective transitions for children and families?

Information from a needs assessment may be combined with other data, as in transition model that evolved in the Collaboration Project's rural site. Each agency documented and analyzed their current procedures. In addition, a survey was conducted of parents who had been through the transition process. Parents indicated that:

- the most important aspect of transition is the development of a working relationship between parent and teacher
- this relationship must evolve over time
- the relationship requires more than just an "orientation" meeting between teacher and parent.

From this feedback, multiple opportunities for parents and teachers to develop trusting and working relationships were added to existing procedures and new features were added including home visits, cross agency visitations and enhanced procedures for documenting children and family needs.

Design Activities that Help Agencies to Build Trust

Getting groups to work together, establishing a purpose and maintaining momentum can be a long process, but collaboration itself is a process and communication is critical aspect of that process. Agency staff often have only a vague idea of what other agencies do. For the process work, everyone must have time to work through territorial and turf issues, develop tolerance for each other's needs and agendas and become flexible with their own. Joint activities provide an opportunity for agency representatives to work together to build trust. Possible activities may include:

- Developing information packets that describe services and program available in the community for children and families
- Sponsoring service fairs
- Organizing interagency panels to introduce community services
- Coordinating agency visitations to enable professional to learn about each other's programs
- Conducting joint training activities on mandates and legislation that impact each agency
- Holding informal potluck suppers and breakfast meetings
- Developing program brochures for parents and professionals

CREATING AND IMPLEMENTING EFFECTIVE TRANSITION PROCEDURES

Once agencies have become acquainted, built trust and developed a plan of action, they are ready to tackle the difficult task of developing collaborative transition procedures. Strategies for developing and implementing transition plans found to be most useful in the Collaboration for Children Project included:

- ▶ Identify the tasks necessary to implement a successful transition for the child and the family and agree on who will perform tasks and establish timelines.
- ▶ Develop formal interagency agreements for the transition process outlining clearly defined roles and procedures. The process of developing such agreements contributes to increased understanding and mutual trust among agencies and provides excellent opportunity for parent involvement.
- ▶ Designate one person to assume a leadership role to maintain motivation, promote negotiation, provide support and coordinate interagency communication.
- ▶ Implement joint training activities involving parents, sending agencies and receiving agencies. This can include open houses, workshops and parent information meetings.
- ▶ Plan the transfer of records and any additional assessments, avoiding unnecessary or duplicative evaluations.
- ▶ Agree on pre-placement activities that facilitate direct contact between the child, the parent and the receiving teacher, and that support parents in planning for the adjustment to the new setting. Pre-placement activities can include:
 - Allocating time for observations of the child in the sending setting by key Team members and the development/implementation of joint assessment strategies;
 - Providing time for the EI case manager to consult with medical providers and the family and to complete the necessary transition forms;
 - Arranging time for EI staff to present and discuss child and family needs at joint meetings with public school (LEA) staff and other service providers.
 - Scheduling time for the LEA's Early Childhood Coordinator to network with the family, EI staff and other service providers prior to a child's placement
 - Allocating time for home visits and intake visits at the receiving program.
- ▶ Plan follow-up activities. Evaluation of the process should be planned and carried out between the families and the agencies involved.
- ▶ Provide time and resources for the development of brochures, resource directories, parent information booklets and transition guidelines.
- ▶ Monitor effectiveness of interagency efforts. This can be done informally by reviewing goals, checking perceptions, discussing any impediments to the successful implementation of the initiative and identifying the sources of these barriers.

Developing Transition Guidelines

Transition guidelines should be suited to the needs of local communities. The format for these guidelines may be formal or informal. The Transition Planning Activity in the Addendum can be used by interagency groups to assess how their current transition process is working. This activity may serve as part of an effective needs assessment.

In the Collaboration for the Children Project, the most formal guidelines were incorporated by the urban site into a three-section interagency agreement. The first section focused on effective communication among agencies, families and the community at large. The second section focused on screening procedures and appropriate assessment strategies, and delineated steps to be followed for special education referrals. The third section addressed issues of transitioning young children into public school programs. Transition procedures outlined the "who, when, where and how" of transitions. Standardized forms for documentation of the process and for sharing information among agencies were contained in the agreement. A sample of this comprehensive agreement is available upon request from the Bureau.

In the suburban site, transition guidelines were incorporated into an interagency brochure on transitions as well as a guide to transitions designed for families. The Parent Guide to Transitions targeted the parent as the primary case manager of the transition process. This is a good way to both empower parents and make the process more interactive.

In the rural site, the guidelines included a transition form in triplicate and a verification form designating one contact person for the transition tasks.

In addition to guidelines, many resources including audio visual products, brochures and directories were developed by the Collaboration for Children Project sites. These resources, the names of contact persons, along with resources developed through the mini-projects in Phase II of the Collaboration for Children Project are described in a resource handbook, Resources for Transitions in Early Childhood, available through the Bureau of Early Childhood Programs.

MAINTAINING RELATIONSHIPS

Maintaining collaborative relationships over time is as important as developing these relationships. If collaboration is to have a lasting effect, opportunities must be available for participants to reassess their mission and practices. Some strategies useful in maintaining the collaborative process include:

1. Bring together local interagency teams for focused discussions on transition, collaboration and early childhood services in general. These meetings should be structured to encourage participants to look at where they are and where they need to go to effect change in the quality of services for young children and their families.
2. Provide opportunities for interagency teams to develop strategies for disseminating and continuing their work.
3. Have interagency teams serve as resources to other communities. The process of sharing with others helps to empower teams and often plants the seed for new initiatives.

Establishing and maintaining relationships is not always easy especially in times of decreased resources and staff loss. The Collaboration for Children Project demonstrated the need for staff to respect the work of other professionals and the important role of parents in planning for transitions. Above all, it must be remembered that collaboration is a human process that can't be forced, but needs to be fostered.

Transitions may evoke mixed feelings in all participants, and even good transitions may be accompanied by a sense of loss and sadness for the professionals, parents and children involved. Transitions can be eased when professionals work together to plan procedures that are sensitive to the needs of children and families. Successful transitions are characterized by the elements outlined on the following page.

THE ELEMENTS OF SUCCESSFUL TRANSITIONS

Many insights into the elements of successful transitions were provided by the agencies that contributed case studies. On the basis of the cases submitted, the following factors strengthen successful transitions for children:

- **A timely referral process** facilitates discussion of cases well in advance of the child's third birthday.
- **A non-duplicative assessment** requires agencies to consider prior assessment information, collaborate on additional information needs and jointly develop recommendations for placement.
- **Information sharing among parents and participating agencies** in the sending program, visits by parents to possible placement options, transfer of records and transition planning meetings address family needs in a comprehensive fashion. A key element in the sharing of information is the quality of communication between parents and sending and receiving agencies. There must be ongoing personal contact among parents, professionals and children, allowing families and professionals opportunities to seek new information, question recommendations, disagree and to change their minds.
- **Family support activities** offer parents opportunities to communicate with other parents who have been through similar experiences and protect them from feelings of isolation.
- **A collaborative decision-making process** is essential in determining a child's placement and should include active roles by sending and receiving staff and consistent parent participation.
- **Pre-placement activities** support parents in becoming actively involved in and successfully adjusting to the new setting. Such activities include direct contact between the child, parents and receiving teacher in consultation with sending staff. The scheduling of these activities must consider the importance of giving parents time to assimilate new information as well as the child's need for continuous programming.
- **Availability of service options** increases the likelihood that children and family needs will be met.
- **Follow-up** activities maintain agency accountability to families.

**CASE STUDIES:
CHILDREN AND FAMILIES
IN TRANSITION**

To illustrate various ways in which the transition process may be implemented through collaboration, case illustrations were solicited from collaborating agencies throughout the Commonwealth. These case illustrations were jointly submitted by sending and receiving agencies who had been working together on developing smooth and effective transition processes for at least a six-month period. Of fifteen case studies submitted, five were selected for inclusion. Each of the cases selected highlights several of the elements that were found to be critical to successful transitions as a result of the Collaboration for Children Project.

Introduction to Case Studies

For consistency and in order to protect the confidentiality of the families involved, in all the following case illustrations, the title of the individual who coordinated the transition to the public schools has been designated as "*Early Childhood Coordinator*" and the public school case management team is designated as the "*LEA Team*". In actuality, the individual may have been known as "Transition Coordinator", "Transition Facilitator", "Resource Facilitator", "Early Childhood Special Education Coordinator", "Preschool Coordinator", etc. and the public school team may have been known as the Preschool Team, TEAM, etc. The Early Intervention Program is designated as "*EI*", with the term "case manager" used to describe the Early Intervention representative assigned to follow the child. The generic term "TEAM" is used to describe the joint early childhood team and is presumed to include parents and representatives from EI and the public school system and any other members as needed. Individual names and other identifiable details in the cases have been changed.

THE CASE OF DREW

This case illustrates:

- ***Timely referral***
- ***Non-duplicative assessment***
- ***Information sharing***
- ***Collaborative decision making***
- ***Parent advocacy***
- ***Placement in an appropriate setting***

Background:

Thirty-three months old at the time of transition, Drew has a diagnosis of Down Syndrome. He has a minor heart defect without significant functional effects. Drew is a playful, easy-going child with a sense of autonomy and self-direction. He tends to avoid activities which are difficult for him and becomes easily frustrated in problem-solving situations. He lives at home with both parents and an older sibling. Drew entered an EI program within the first six months of life. At the time of the referral he attended an EI toddler group two afternoons per week. The EI case manager made bi-weekly home visits addressing speech, physical and occupational therapy objectives. The home visits provided opportunities to share activities with Drew's mother.

Features of Transition Process:

The Early Childhood Coordinator met at the EI program with Drew, his mother, and the case manager to discuss the Chapter 766 process and answer any questions two months before Drew's transition from EI to an LEA-sponsored program. Drew's mother wanted to visit all the public school early childhood classrooms that were potential placements prior to the joint TEAM meeting. Because this was not a standard practice, the Early Childhood Coordinator, Director of Special Education and other public school personnel made arrangements for her to do this. EI sent referral forms to the Early Childhood Coordinator, who contacted the parents, formally initiating the Chapter 766 process. The parent signed forms requesting testing from the public schools and a report from EI. At the initial meeting, arrangements were made to coordinate the assessment which consisted of a naturalistic observation of Drew in his EI setting as well as educational, psychological, occupational and physical therapy assessments and speech and language tests conducted in the public school. A home visit was conducted by the public school's adjustment counselor.

At a joint TEAM meeting three weeks before Drew's third birthday, based on assessment results, consensus was reached on Drew's placement in a special needs classroom in the public school system. His mother had visited the class and spoken to the teacher, and was pleased with the decision. Agreement was reached on all direct therapies except occupational therapy. The public school therapist recommended consultation; the EI staff recommended direct therapy services. Later, at the insistence of Drew's mother, direct occupational therapy services twice weekly were included in the IEP. EI had initially recommended a student:teacher ratio of 3:1, but the placement agreed upon had a 9:2 ratio.

Drew began attending the class one month after his third birthday. His mother has observed him in class, and maintains constant communication with his teacher and therapists through written notes. She feels that Drew has adjusted well and made progress during the first two months of his participation in the program.

Summary:

In general, Drew's case represents a remarkably smooth transition with a high level of agreement between agencies regarding the child's needs and appropriate placement. Assessment schedules were adjusted and coordinated between EI and the public school system to avoid duplication. The one significant area of disagreement regarding occupational therapy was quickly resolved at the parent's insistence, illustrating the impact of parent involvement. Drew's mother was very active in her child's transition and in the placement decision.

Because the parent entered the transition process well-informed, she was able to make an informed decision and maintain her position on the kinds of services she believed were appropriate for her child. The EI program and the public school system clearly shared a willingness to consider each other's perspectives in planning Drew's program, contributing to the success of this transition.

THE CASE OF LON

This case illustrates

- ***A child with complicated medical and developmental needs, transitioning from EI to an LEA special program***
- ***A family with environmental stresses***
- ***Issues that must be addressed when there is ethnic diversity within local communities***
- ***Timely referral***
- ***Time lapse in assessment due to the need to locate linguistically appropriate instrument(s)***
- ***Information sharing***
- ***Collaborative decision making***
- ***Pre-placement activities***

Background:

Lon was involved in an EI Program from 18 months of age. At the time of referral was three years old. His diagnosis includes developmental delay, hydrocephalus, left partial paralysis of the left side; hearing loss and behavior problems, including self-abusive behavior. Lon's family is from Southeast Asia and their English is limited. Both parents work outside the home and a relative often cares for him.

Features of the Transition Process:

When Lon was 29 months old, his EI Case manager completed a transition form and a collaborative meeting was held between EI, a Special Educator and the Early Childhood Coordinator. Lon's self-abusive behavior were of particular concern to his family and EI case manager. The summer before his third birthday, Lon was hospitalized. He was then transferred to a rehabilitation center where he underwent an evaluation and received therapies to address behavioral concerns, thus involving a third agency in his transition and establishing the need for continuity of services between the rehabilitation center and a new program.

Evaluation of Lon's needs was time consuming due to the difficulty of facilitating a culturally and linguistically appropriate psychological evaluation. His EI case manager and family were in frequent contact with medical and social service providers at the hospital to discuss program alternatives. Formal referral to the public schools took place two months after the initial joint meeting. Prior to Lon's discharge, a meeting was held between EI, the public school system and the rehabilitation center staff and all three agencies collaborated to plan a program for him. Although he had not yet turned three, he began to receive services in an integrated preschool program.

Summary:

When children with complex medical and developmental needs move from EI to public school services, the success of the transition is dependent on the development of communication and trust among the family, the EI Program and the public schools. This communication is most effective when it takes place prior to the child's discharge from EI. In this case, the public schools' flexibility in approaching this complex case was an essential component.

THE CASE OF KRISSY

This case illustrates:

- ***A child with developmental delays transitioning from EI to an integrated preschool program***
- ***Parent advocacy***
- ***Timely referral***
- ***Non-duplicative assessment***
- ***Information sharing***
- ***Pre-placement activities***
- ***Follow-up***

Background:

Thirty-two months old at the time of transition, Krissy has a diagnosis of Down Syndrome. Her assessment from EI indicates she functions at a two year old level. She is in good health and her areas of strength are in social, self-help and play skills. Krissy exhibits delayed language and motor development. She uses little expressive language and needs help to sustain balance, negotiate stairs and follow verbal directions.

Features of the Transition:

Krissy's parents contacted the Early Childhood Coordinator prior to her second birthday, saying that after researching many public school department programs, they had moved to the community specifically to enable Krissy to enter an integrated preschool program at age three. Her parents were invited to meet LEA team members informally. Krissy's EI case manager was contacted and an observation was arranged at her toddler gym class with the Early Childhood Coordinator and EI case manager. This observation confirmed EI's assessment results. Krissy, her mother and a sibling later visited a parent-child program sponsored by the public schools, where information was given about the referral process and available programs.

Krissy's mother asked to be involved in all discussions between professionals. When Krissy was two and one half, a planning meeting was arranged between her parents, the Early Childhood Coordinator and EI case manager. EI recommended placement in a special education program; the LEA team suggested placement in a public school preschool program with small class size and low teacher:child ratio, with systematic speech therapy and ongoing language stimulation and physical therapy.

Krissy's parents said that after investigating public school special and integrated programs, they had independently selected a private nursery school and asked what services could be provided by the public schools. The LEA team explained that only limited support would be available from speech and physical therapists in the regular preschool and that it would be impossible to provide two or three therapy sessions by two therapists each week. Krissy's parents offered to access their insurance and transport her to other sites for therapy. Believing that Krissy needed more than minimal support by specialists and teachers, both the EI case manager and Early Childhood Coordinator persisted in efforts to convince Krissy's parents that her needs would be best served in a separate program or one with more special help available. Krissy's parents were equally persistent in their desire for an integrated program. The TEAM and parents finally agreed to implement a schedule of public school speech therapy along with home and school-based physical therapy. The IEP included two weekly visits to a speech therapist, and physical therapy once a week at home and at school.

Frequent progress meetings were held. Krissy adjusted well to the preschool class, but therapy sessions were interrupted and slow to be initiated due to therapists' school-based schedules. Her parents were frustrated by not having the intimate contact with specialists and frequent discussions about her progress as they had in EI and requested additional materials and meetings during the year. When the private nursery school staff became frustrated by the parents' expectations, the LEA team reassured them that they were not expected to meet all of Krissy's needs in class.

In general, Krissy's year in the nursery school program was successful. She participated fully in the school routine and made excellent progress and growth in motor and language areas. Her parents wanted her to continue in the program and rejected offers of private therapy at home. Krissy's plan includes a previously agreed upon clinical evaluation for next year. She will enter a slightly larger class and receive individual help as needed. Krissy's EI case manager and the LEA team agree that her special educational needs will require intervention indefinitely.

Summary:

Krissy's case illustrates a high level of parental advocacy in the decision-making process. Despite recommendations from EI and the LEA team, the parents independently selected a program for their child and were involved in decisions about related services. Believing strongly in the benefits of an integrated program, they willingly agreed to all the trade-offs the decision entailed. While the public school system and EI did not concur that the parental decisions were in Krissy's best educational interest, they agreed to go along with the parents' requests. Krissy is happy, has adjusted well and has made a great deal of progress in the setting requested by her parents. Her case illustrates that professionals may have to relinquish their own recommendations in favor of what parents believe to be in their child's best interest. While professionals may attempt to persuade parents in a given direction, the final decisions are ultimately the parents' to make, and may turn out to be the best decisions for the child.

THE CASE OF MEGAN

This case illustrates

- ***A transition from EI into Head Start***
- ***Parent advocacy***
- ***Information sharing***
- ***Cooperative decision making***
- ***Timely referral***
- ***Non-duplicative assessment***
- ***Pre-placement activities***
- ***Follow-up***

Background:

Megan has no major medical problems. She lives with her biological parents and three step-siblings all of whom are more than eight years older. The oldest has a history of learning disabilities and receives Chapter 766 services. A case history completed by her mother indicates that Megan used words at ten months of age, but at twelve months she "stopped" using language.

Megan was referred to EI at approximately two years of age. EI had a waiting list so they referred the family to a local rehabilitation hospital where she received both speech and occupational therapy on an individual basis. In cases when EI has a waiting list, families are informed of various options available for assessment and delivery of therapeutic services, and are advised to examine their insurance coverage for these services.

Megan's initial assessments indicated delays of up to a year in both expressive language and motor development. During the initial assessment period, Megan was observed to be shy and retiring, reluctant to socialize with her peers. While receiving out-patient services, Megan began attending a bi-weekly therapeutic toddler group at EI, and her mother participated in a weekly EI parent support group and weekly home visits. Megan's involvement with the rehabilitation center and EI continued for approximately 15 months.

Features of the Transition:

As Megan's third birthday approached, her mother became anxious about the impending transition to a new placement. The team members recognized the need for a carefully executed joint TEAM meeting and subsequent transition. EI and the rehabilitation hospital planned to continue services through the summer, since Megan's third birthday occurred in the late spring. A joint TEAM meeting was scheduled just after her third birthday. Ten people attended the meeting including Megan's Mother, the Early Childhood Coordinator, other representatives from the LEA, EI and the rehabilitation hospital, and two representatives from preschool programs. It was reported that although Megan had made tremendous gains since the initial referral to EI, continued support was needed. The joint TEAM concurred on the therapeutic services Megan should receive (speech, occupational and physical therapy consultations), but differed in recommendations regarding classroom placement. EI felt that Megan should be placed in a small language-based classroom; the public school system and parent favored Head Start with support services.

Because of previous involvement with Head Start, Megan's mother had already developed a trusting relationship with Head Start staff. She trusted all the TEAM participants, and was troubled by the differing recommendations, but followed her own preference for Head Start. Megan's mother added to the IEP a statement indicating that she would consider other placements if Megan did not meet the objectives stated in the IEP with fifty percent success. A home visit was conducted by the Head Start Coordinator and Megan and her parents then visited Head Start for a day of family orientation. The communication among sending and receiving agencies continued to be excellent.

Because Megan was involved in EI through the Summer preceding her entry into the Head Start Program, continuity of services was optimal. After Megan entered Head Start, the daily separation from her parents was difficult and required support from Head Start staff and the Early Childhood Coordinator. Throughout her time at Head Start, Megan received support services on-site through the public school system. Megan succeeded in Head Start and her mother remained involved and attentive to all areas of Megan's program.

Summary:

Megan's referral and placement at EI and subsequent entry to Head Start reflect many factors essential to good transitions. The parent's past experiences with Chapter 766 services through the public school system and Head Start facilitated communication. This case illustrates the positive influence an involved and informed parent can have on the negotiation and collaboration of multiple agencies. The parent took every opportunity to be an active participant. This case exemplifies good communication, with all participants considering the parent's placement preferences as they developed a program to meet Megan's needs. Hearing differing placement recommendations, the parent placed conditions in the IEP that left the door open for other options if the placement fell short of expectations. The parent's trust in each agency reduced turf issues, helping the agencies to focus on the child. Mutual respect, good communication and a high level of parent involvement appear to have been the foundation of this successful placement and transition.

THE CASE OF PRISCILLA

This case illustrates:

- ***Transition from EI to a day care setting and later to a public school special needs setting***
- ***A family with environmental stresses***
- ***Developmental profile indicating marginal eligibility for services.***
- ***Timely referral***
- ***Information sharing***
- ***Disagreement regarding appropriate placement***
- ***Limited transition planning***
- ***Delays in implementation of recommended assessments***
- ***Duplicative assessment***
- ***Limited communication among joint TEAM members***

Background:

Thirty-five months old at the time of referral, Priscilla resides with a relative who is the primary caregiver, along with the adolescent children of the relative. Priscilla has little contact with her biological mother or father, and contact between the caregiver and mother is volatile. Priscilla's case was followed by a social worker for over a year prior to referral. Her initial placement in EI was based on high environmental risk, with delayed speech and behavioral concerns. Exit assessments from EI revealed generally age-appropriate skills with possible attention deficits.

Features of the Transition:

Based on the extent of Priscilla's behavior and speech problems, EI recommended placement in a therapeutic preschool. Because Priscilla's third birthday occurred in the Fall, she was enrolled in a child care program during the transition period. The initial meeting with the LEA team took place when Priscilla and her caregiver visited the LEA's diagnostic preschool setting. During this meeting, the caregiver talked primarily about her own need for child and respite care. The observations and information shared about Priscilla indicated that she appeared to function at age-level in most areas, with the exception of self-help and play skills.

After five weeks, an observation was conducted at the child care center by the LEA's Special Education Coordinator and Social Worker and the EI case manager. Staff expressed concern about Priscilla's unsettled and clinging behavior; about the fact that she was not toilet-trained, contradictory to the caregiver's report, and that she wandered away from her group, which was a safety concern. Evidence was also presented by staff of possible abuse in the home setting.

The TEAM agreed on the need to assess Priscilla's overall emotional condition and home environment. An initial home visit was conducted by the Social Worker, and several future visits were scheduled. The EI staff recommended that Priscilla be placed in a special needs program to address her attention deficit and possible learning disabilities. The child care program requested an aide to meet the needs presented by Priscilla's incontinence. The LEA team recommended psychological assessment. They agreed to provide an aide to support Priscilla in her child care program, but suggested that a family day care situation might be more appropriate for Priscilla, given her need for basic nurturance. The caregiver was afraid that she would not be able to find a good home and that she would not be able to afford the placement. The joint TEAM and child care staff offered to assist her in arranging for care and funding. During this time, Priscilla remained in the child care program. Several appropriate family day care homes were located, but the caregiver was not satisfied with any of them.

Three or four weeks elapsed before a psychological assessment could be scheduled; During this time, Priscilla was observed weekly by TEAM members, and teachers became increasingly concerned about her regressive behavior, deteriorating emotional state and care at home. A private psychologist contracted by the LEA saw Priscilla at the child care setting and recommended an evaluation because of suspected emotional neglect and abuse. The day after the psychological evaluation, Priscilla arrived at the child care program with visible bruises and an lack of eye contact. She called herself a "bad girl" and spent the day talking to herself. The caregiver was contacted and a report was filed with the Department of Social Services. Despite reluctance of her pediatrician, Priscilla was referred for an inpatient evaluation at a pediatric psychiatric clinic. After five weeks, a discharge meeting was combined with an LEA team meeting. Priscilla returned home and entered a special therapeutic nursery school program, supplemented by child care in a family setting. Priscilla will enter her third year in the therapeutic nursery program in September.

Summary:

Priscilla's case was complex with respect to the family situation and the additional complication of suspected abuse. While family involvement is generally a critical part of the transition process, these circumstances required that the professionals involved take independent steps to protect the child's interests. This case illustrates how difficult it is to deal with repeated family crises.

The lack of agreement on an appropriate placement highlights how each of the agencies involved operates from a different perspective. Because EI operates from a therapeutic framework, recommendations may be made from a multidisciplinary perspective. EI may be more likely to recommend placement in settings where it is believed that children can have maximal access to therapies. This placement, however, may mean placing children in environments where the population is predominantly or entirely children with special needs. In recent years, the Department of Education has stressed to LEAs that integrated programs with all needed supports are the preferred placement for young children unless a child cannot benefit from such an option. Integrated settings are defined in Massachusetts as settings designed to serve the general population of children and including no more than 49% children in need of special education.

Differing perspectives may cause disagreement on recommendations for placement at the outset of joint planning. As illustrated in Priscilla's case, it may not be possible for the joint TEAM to reach consensus, and an interim placement may need to be selected to further appraise the needs of the child and the family and to find the most suitable long-term placement. This appraisal is most effective if done collaboratively.

TURNING THREE: A FAMILY PERSPECTIVE

by Jean Ferris

OVERVIEW

What follows are excerpts from my presentation to a group of parents and professionals who came together with the goal of easing the transition from Early Intervention to preschool programs for families of children with special needs. My son, Luke, who has Down Syndrome, turned three years old six months earlier and our family experienced the transition during the year before and after that seemingly ordinary birthday. Our transition was a good one, generally, which is not to say that it was easy. It was a lot of hard work both physically and emotionally, but we learned a lot from the movement through the transition process. My hope is that we will be able to make Luke's next transition, the one into kindergarten, and all future transitions a little easier by starting early and staying active throughout. Good luck to you as you help your little one take the giant step into preschool.

Jean Ferris, Parent

TRANSITION: WHAT IS IT?

Parents will always be the main players in the lives of their children with special needs. We offer continuity for them, especially during transition times when they are besieged by new teachers, new aides, new therapists and new friends in a new and unfamiliar environment. Besides learning new routines and skills, they may even be facing separating from us, their parents, for the first time.

Transition is tough on parents too! We are saying goodbye to many of our friends in Early Intervention who have been a much-appreciated part of our lives. Like our child, we are changing our daily routines and meeting the same new people that our child is meeting - more when you include administrators. We are also learning new agency policies and routines. On top of all that, we are trying to anticipate our child's needs and to communicate those ideas for inclusion in the educational plan.

We all want very much for our children to succeed in school. Transition forced my husband, Herb, and me to take a long hard look at the goals we had for our child, Luke, who has Down Syndrome. It forced us to think about our own set of values, to determine what was important and what wasn't. Transition forced us to look at and to think deeply about the big picture. At the same time, we needed to be looking at the practical details of daily life; like how safe were the car seats on the bus, and did the staff know that he chokes on grapes. We were constantly moving between the big philosophical questions and the day-to-day specifics.

It was, at first, overwhelming. During the past three and one half years I have noticed that there are times when I have lots of energy to deal with my son's special needs and times when I need to just coast a little. Transition is the time to pour it on, to be active, to get things done.

When Luke was born, and we found out that he had Down Syndrome, I can't tell you how many people, many of them parents of children with Down Syndrome themselves, warned us not to think about the future, that it was just too painful to ponder. But you need to confront the future so you can prepare your child to deal with it. Transition was the time when we were forced to think many of these questions through. Transition seems to provide the natural opportunity to do so. So we thought about our goals for Luke, and what we would want for him. We want him to be happy, feel good about himself and others, to have a strong sense of values, to be able to communicate his feelings and ideas well, to have good friends, and to live, work and play in an integrated community.

We are still struggling with how we can implement these goals and how they can be part of the educational plan; we will be doing this throughout Luke's school career. While we help work out detailed curricula for speech/language development, gross and fine motor skills, cognitive development and other areas, we want to try to keep these so-called larger goals in mind.

GETTING CLEAR

We went to a wonderfully humorous and inspiring workshop several months after Luke turned three, given by a Special Educator named Lou Brown from the University of Wisconsin. He discussed the differences between the learning styles of the typical child and the child with special needs, especially where cognitive deficits exist. The child with special needs will be able to learn fewer skills than the typical child, so we must choose the skills to be taught carefully.

He described a conversation between a "simple" farmer from Wisconsin with a disabled child and a well-meaning educator. The educator patiently explained to the farmer that his child would have trouble learning the same skills that the typical child learns, and the few skills he does learn would take much repetition. The farmer's common sense response was immediate: "Well, then, don't teach my boy dumb things!" The point is that the child with special needs will require more teaching trials and more time to learn new skills. If newly learned skills are not practiced consistently, they are forgotten and recoupment takes longer than for the typical child. This has helped us to realize that we must prioritize our goals and objectives for Luke. What does he really need to know?

Brown emphasized the need to teach age-appropriate skills and functional skills, and the need to teach them in the real world where they will be used. A 12 year old should not be in a third grade classroom learning to read even though he may be behind in that particular skill. He should be with other 12 year olds, having 12 year old experiences. A reflection of these principles in the IEP will go a long way towards ensuring that the life goals we want for our children are reached.

OUR FAMILY'S STORY

Before my son, Luke, was born, I worked for 10 years in the public schools as a speech-language pathologist. I worked with children and adolescents with a wide range of disabilities. Although I was well-acquainted with the world of special needs when I went on maternity leave that Thanksgiving, my work experience did not prepare me for the shock of learning within minutes of our first child's birth that he had Down Syndrome.

Our pediatrician said he would put us in touch with a family in his practice who had a baby boy with Down Syndrome who lived in our area. He also mentioned the REACH program, of which I was somewhat aware. These supportive efforts were helpful, but it was Christmas time. Luke was not medically stable, and we were too overwhelmed to get involved with the outside world. Our main goal was to get out of the hospital with our child, and try to come to grips with the situation by ourselves. We went to stay with my parents, who took care of many of our needs, so that we could be free to cope with our situation.

A major turning point for us occurred within a few days after Luke was born when we began to try to understand as much as possible about Luke's conditions and needs. We wrote to as many organizations as we could find asking for information about Down Syndrome. We also obtained as many books as possible from the library and bookstores. We were taking action. This was the first step in understanding the situation and organizing the environment for Luke. Being active is very important when parenting a child with disabilities, especially during times of transition.

The next step in helping to stabilize our shaken world was getting involved in the REACH Program. This was really our first transition, the transition of coming to grips with the fact that our child had special needs and that special efforts would be required on our part to meet those needs.

Early Intervention: A WARM PLACE TO BE

The REACH Program was a wonderfully nurturing resource. It provided us with developmental evaluations of Luke's abilities, lots of individual therapy, and playgroup experiences. We learned how to carry the goals of therapy into our home every day. It felt wonderful to be able to effect changes in Luke's development and this went a long way toward alleviating our feelings of helplessness.

As we met other families in similar situations, we felt less isolated with our problems. The REACH staff provided us with a wealth of information on every topic imaginable pertaining to our situation and introduced us to the wide network of groups and organizations which will always be a part of our lives.

The first year and a half was tough emotionally. We were constantly being hit by things we didn't expect. I felt like one of Luke's knock-down dolls with the sand in the bottom that pops back up when you hit it. Sometimes it was medical issues like the heart catheterization, open heart surgery, a diagnosis of hearing loss, a frightening reaction to an immunization, or a case of pneumonia. Sometimes it was emotional issues both large and small like the death of a little friend with Down Syndrome during heart surgery, coping with the unexpected flood of emotions following a developmental evaluation, or the birth of my sister's beautiful healthy daughter, or some careless comment made by a stranger in a shopping mall.

We were very comfortable with REACH and would have been happy for Luke to stay there forever. Needless to say, the furthest thing from our minds was Luke's transition to preschool or the idea of ever leaving REACH at all. Whenever the idea of Luke leaving REACH and going to preschool crossed my mind, I quickly and effectively pushed it away.

We were, in fact, not as active as we wanted to be in preparing for transition, due to a difficult second pregnancy and subsequent birth of our second son, Ethan, who is, by the way, a healthy and very active child. In January of 1988 I was forced into an extended period of bed rest due to complications with the pregnancy with Ethan who was born in May. This unexpected turn of events actually started the transition process for us. We became less emotionally dependent on REACH because services had to be drastically reduced. But we were not actively dealing with the approaching transition and it had to be put on the back burner until Luke was over 2 and 3/4 years old. We were fortunate, though. It all came together very quickly for us because we were going from one excellent program into another excellent program.

Many people helped us with the specifics. Our case worker was a real moving force, getting the evaluations in order, talking to and visiting the preschool, and clarifying issues with us. It wasn't until we started working directly on specific transition issues that it dawned on me that she had been preparing us for transition for a good two years by always asking us to think about Luke's future.

GETTING STARTED WITH TRANSITION

At this point, I want to organize the story around what I hope are helpful pointers or transition tips. We went through many meetings with the classroom teacher, with the early childhood coordinator, and with staff people from REACH and from the preschool. There were phone calls to other parents, long conversations with friends and with each other. The considerations that follow are some that we found most critical.

1) IT IS IMPORTANT FOR YOU TO HAVE A WORKING KNOWLEDGE OF STATE AND FEDERAL SPECIAL EDUCATION LAWS.

- Look for workshops about Chapter 766. Early Intervention Programs, public schools and other social service agencies like the Office for Children offer workshops on Chapter 766.
- Read books or pamphlets
- Talk with people who know (informed parents and professionals)

2) VISIT THE POSSIBLE EDUCATIONAL PROGRAMS WELL IN ADVANCE OF YOUR CHILD'S THIRD BIRTHDAY.

It is important to make this visit a thorough one, not just a quick look-see. Think about your child and how he/she will fit in there. Think about the physical aspects of the space. Can he negotiate the steps in and out of the building? Will he need to use an alternate route? How do his/her social skills compare to others in the class? Are there things that you can start working on now to prepare for school?

We did not actually visit the classroom as early as we could have due to the extenuating circumstances surrounding my second pregnancy. But when we did, we made a lot of useful discoveries and a lot of needless fears were put to rest. What we saw was that Luke was as happy as a clam in the classroom. There were many new and stimulating toys which grabbed his interest. There were also a lot of familiar toys which made Luke feel very comfortable. It was a nice mix.

We were also delighted with the people that we met. The Early Childhood Coordinator was reassuring, kind and supportive, and very interested in Luke. The classroom teacher impressed me as being calm, clear and sensitive to your needs. The aides were obviously happy to be working with children. I saw them carrying over what I knew to be the goals of therapy in the classroom. The children were happy and talkative and thrilled to be in school. It was a children's garden of delights - kid heaven.

There were some things about the classroom that worried us, and it was good for us to talk about them so that we could discuss them with the early childhood coordinator, the teacher and our REACH case manager. Actually the early childhood coordinator suggested that our REACH Case manager visit the classroom too and give us her impressions as to how Luke would fit in, which she did.

3) UPDATE MEDICAL AND DEVELOPMENTAL EVALUATIONS (Cardiologist, Neurologist, Ophthalmologist, Pediatrician, Audiologist, Orthopedic surgeon, Physical Therapist, Occupational Therapist, Speech Pathologist, Psychologist, etc.).

Get copies of all reports and assessments whether they were done by the Early Intervention program, the school or an outside source. You want recommendations and baselines. Determine whether you agree with the recommendations, especially those that pertain to service delivery. If not, you may want to get a second opinion. Baselines are important for assessing progress and keeping track of strengths and needs. Our REACH Case manager suggested that we do this during the Summer before Luke turned three, and we did, looking at it as a crusade or quest. It was a lot of work, but it made us feel in control and was worth the effort.

4) DISCUSS YOUR IDEAS WITH FAMILY AND FRIENDS.

Talking with family, friends, professionals, parents of other children with special needs, especially parents who have already gone through the process, can help you define your fears. Up to that point, fears or concerns may be too vague and therefore can't be dealt with effectively.

Luke was separating from me for the first time. We talked to a lot of people about this issue because it worried us so much. They provided us with many useful suggestions which helped us to work out a strategy for easing the separation. Although Herb and I were still unsure, we decided that if it did not work out, one of us could attend school with Luke and he would at least have the benefit of exposure to a preschool. This gave us a plan to fall back on if all else failed. As it happens, Luke made a wonderful adjustment within just a few weeks, showing us what a big boy he really was becoming.

5) MAINTAIN OPEN COMMUNICATION BETWEEN HOME AND SCHOOL.

Some of the initial contacts between home and school will include a Pre-TEAM meeting with the Early Childhood Coordinator and someone from Early Intervention. Before the third birthday it is important for the preschool personnel to observe your child in his or her current program, and for the Early Intervention personnel to visit the new program. You can start to share information about your child at these times.

Transfer visits are a terrific way of communicating a great deal of information from the sending to the receiving facility. The various professionals involved with Luke teamed up during home and center-based visits for therapy sessions. I think it helped to ease the transition process for everyone. A great deal of information was exchanged during those visits.

I should mention an incident that happened to us that will always convince me to discuss concerns sooner rather than later. Well before Luke was to start school, we were informed that he would be attending the afternoon preschool session rather than the morning session. This threw us into a quandary because Luke takes three-hour naps. We were concerned that he would be forced to face his greatest challenge to date when he was exhausted in the afternoon during his regular nap time. I'll spare you the details of our six weeks of worry about the situation and move quickly to the resolution. We mentioned the problem to the Early Childhood Coordinator during our first meeting with her and within three minutes we worked out a way for Luke to be enrolled in the morning session - no exaggeration, three minutes.

After that experience, we resolved to keep the flow of communication open and to make an immediate effort to solve any problems that came up rather than worrying needlessly. It is important also to resolve problems by going through the proper channels.

THE TEAM MEETING AND THE IEP:

The TEAM meeting is the time for parents and professionals to discuss your child's strengths and needs and discuss options and recommendations. You will want to ask questions and to share information about your child. Usually TEAM members include one or more representative from Early Intervention, the Early Childhood Coordinator, and/or SPED Director, the teacher, therapists and parents. A meeting like this can be overwhelming. You may want to bring a friend or advocate with you for support.

It is helpful to go the meeting with a list of ideas written down to have in front of you so that you can make sure that all your concerns are reflected in the education plan. Someone from the Early Intervention program who knows your child will also be with you.

The outcome of this meeting is the Individual Education Plan or (IEP) Individual Family Service Plan (IFSP) which you will receive in the mail a few weeks after the team meeting. Although a thorough discussion of the IEP is not appropriate now, I want to mention some points that we found needed careful consideration during Luke's transition to preschool:

- 1 - **NUMBER OF DAYS PER WEEK:** This is an example of some involved decision making that we had to work through. It took some thought for us to decide whether Luke should attend school 3 or 4 days each week. School was in session Monday, Tuesday, Thursday and Friday. We hoped that he might be able to receive some of his therapies at home so that we could stay informed and involved. We settled on three days a week, leaving some time during the week for therapy at home.
- 2 - **TRANSPORTATION:** We decided that we wanted to transport Luke ourselves for the first year. It was something that I could do easily and it provided a way of minimizing the number of new experiences. We felt that this was essential for Luke, because he has a difficult time handling too many changes at one. However, when Luke did start riding the bus to school that summer, we made a special effort to introduce him to the driver well before the first day, to have him "test ride" the car seat, and to be certain the car seat was safely installed in the bus.

When the first day of summer school arrived, Herb gave Luke a ride to school, but he was put on the bus with all the other children to go home. We felt that this would help Luke view the bus ride as just a normal routine of school. It took only a week of sporadic crying before Luke was able to happily ride the bus to and from school like the other kids in his class.

3 - THERAPIES:

- **WHAT** - Which therapies will be necessary? What goals and objectives are being considered? Remember to include goals about social/emotional development.
- **WHEN** - This includes frequency of therapy and time of day. Should it be during or after preschool? Of course, you need to work around therapist schedules too.
- **WHY HAVE THESE GOALS BEEN CHOSEN?** - Careful thought needs to be given to goals of therapy to making them meaningful, attainable, appropriate, and functional. Family input is very important here.
- **WHERE** - This is a big issue. Should it be at home, at school, in the classroom or out of the classroom?
 1. Therapy in the classroom often facilitates carryover of therapy needs and goals and minimizes the chance that the child will feel different, but this does not always work out.
 2. Therapy at home is great to keep involved and continue carryover, but is not always available.
 3. Making the transition from the classroom to an outside therapy room may be difficult but necessary sometimes.
- **HOW** - How will carryover and generalization be managed? Objectives should be accomplished in many different settings. As a rule, it's better to accomplish fewer goals in more settings and with more people.

4 - SPECIAL EQUIPMENT: We didn't need to be concerned about this one, but especially where a child has physical disabilities, this becomes very important. Often the physical therapist or occupational therapist knows best how to obtain special equipment. Every effort should be made to have the equipment in place well before the child turns three. Preschool teachers and aides will need to become familiar with the equipment prior to your child's first day of school.

- 5 - **SUMMER PROGRAMMING**: This is a sticky issue because funding for summer programs is relatively new, and as we all know, monies are tight. Summer programs have traditionally not been included in budgets, but continuity of services is now recognized as a need for many children with disabilities. Typical children can have the summer off without falling behind, but children with significant disabilities need continuity in the form of a summer program. It is important to have information about a summer program included in the Education Plan in as much detail as possible. In our case, the description of Luke's summer program was somewhat general because funding was in question. We were not happy with this, but we did not make an issue of it because the school was working very well and sincerely with us. We knew that they were doing the best they could to put a summer program in place for eligible preschoolers.
- 6 - **STUDENT PROFILE AND ADDITIONAL INFORMATION**: Many extra issues can be addressed in this section. In our case, it included the following:
- A) **Aide** - In REACH playgroups, Luke had constant individual attention from me. We were concerned for his safety and concerned about his lack of willingness to engage in classroom activities. In REACH playgroups, he was a wallflower. Our case manager visited the classroom, and felt that he would be safe, but we were concerned about transitions during the day from one activity to another. We finally settled on having a teacher or an aide pay exclusive attention to Luke during specified transition times. It was important to us that this be the same person day to day as much as possible. This was written into the education plan.
- B) **Total Communication** - Luke's main method of expressing himself is with sign language, but it was not being used in the classroom. This was of great concern to us. We wanted the teacher and aides to not only know Luke's signs, but to be a jump ahead of him. The special ed director and staff agreed and were supportive of this concern. We gave them a list of Luke's signs to learn before he started school. The staff also took a series of sign language workshops. It is interesting to note that this not only helped Luke, but added an extra dimension to the classroom. As a result, they made an effort to incorporate sign language activities into the preschool curriculum.
- C) **Special Medical Concerns** - This is the place to give details of issues such as heart condition, allergies, rashes, potential health concerns and medical history.

D) 8-Week Reconvening Date - A date should be arranged to discuss and review your child's adjustment to the program and to make changes and solve problems.

E) Communication Between School and Home on a Regular Basis

- For us, it would be facilitated in many ways:

1. Biweekly teacher visits to the home
2. My observation of therapy
3. Notebook between home and school
4. Handouts about class activities
5. Family nights
6. Volunteering for field trips
7. My transporting Luke and talking to staff before and after preschool
8. Phone calls and visits

WHEN CAN YOU FINALLY RELAX?

I am not sure how long the transition really takes. I suppose at some point, you can say that you have made the transition and all is well. I think that the transition is completed at different times for different families. Even though Luke turned three in December and had been in the Side by Side program for six months, we didn't truly face the transportation issue until Summer school started seven months later. By that Fall, we finally felt that our transition from REACH to Side by Side was complete.

WRAPPING IT UP

Transition is a tough time for families. How can educators help? What do parents want from transition?

- 1) They want lots of support. They want lots of input.
- 2) They want to start the process early although they may not realize it.
- 3) They want to know what to expect.
- 4) They want to learn about special education laws whether through workshops or from individual discussions with knowledgeable parents or professionals.
- 5) They want contact with parents of older children with special needs who live in other locations to compare program options.
- 6) They want contact with parents of children with special needs who live in other locations to compare program options.
- 7) They want someone from the Early Intervention program who knows their child to visit the new location and to give them opinions and recommendations. They want someone from the preschool to visit the Early Intervention program to see how their child functions in a comfortable setting.
- 8) They want the people from both programs to get together in transfer visits.

In general, parents want to feel that a thoughtful program has been worked out for their child, and that it takes into account the large goals that are outlined here as well as the details, and that it sets their child firmly on a path of growth and fulfillment.

A TRANSITION PLANNING ACTIVITY FOR LOCAL INTERAGENCY TEAMS

On the following pages you will find an activity that interagency teams found helpful during the Transition Training Institutes of the Collaboration for Children Project. The activity involves looking at your own community and cutting and pasting the various activities recommended in the Transition Policy into a locally relevant format. This activity will allow your local interagency team to identify which activities are fully in place in your community, which activities are not in place, and then consider which activities you want to see in place. This will help you to prioritize the activities that are important in your community.

<p>A process has been established that involves parents as well as staff from both the sending and receiving agencies in identifying what is known about the child, what needs to be known, and procedures for gathering further information to avoid duplication of assessments, evaluations, and resources.</p>	<p>Activities have been devised to assist the child in adjusting to the new settings, such as arranging pre-placement visits for the child, and arranging for parents, therapists or other appropriate staff persons to observe and/or visit.</p>	<p>When possible and appropriate, arrangements are made for teachers or other appropriate staff persons from the receiving program(s) to observe the child in the sending program's setting. Sharing of information about a child's strengths and needs is encouraged, as well as effective teaching and adaptive strategies by parents and teachers.</p>
<p>Whenever possible, agencies are encouraged to invite staff from other agencies to participate in training.</p>	<p>The community identifies and plans for all adaptive, equipment and transportation needs in the receiving program(s).</p>	<p>Opportunities are offered for parents to visit preschool settings which are possible options for the child's future placement.</p>
<p>Training is offered as necessary, and may include representatives from parent training and advocacy groups, parents who have been through similar transitions with their children, and representatives of the range of local agencies who provide services to young children.</p>	<p>Opportunities are offered for parents to meet with sending and receiving staff to share information, answer questions and discuss what and when specific events will occur in the transition process. Information is included about referral to a Chapter 766 or other early childhood program.</p>	<p>Regular joint meetings (quarterly, semi-annually, etc.) are planned to review up-to-date information on Chapter 766, Chapter 699, and other relevant legislation and developments, such as Early Intervention Operational Standards. Joint meetings also identify and address any existing gaps in services.</p>
<p>The community plans for the sharing of responsibilities among sending and receiving agencies and parents on an ongoing basis.</p>	<p>A collaborative transition plan has been developed and implemented which addresses the concerns of children and families.</p>	<p>Once placement in receiving programs has been established, a plan is developed for ongoing family involvement which is culturally sensitive to and consistent with each family's needs and preferences.</p>

<p>A child in an Early Intervention program who turns three after April 1 may be retained until September 1 if summer services are not provided by the receiving program(s). These children will begin receiving direct services on the opening date of the receiving program(s)</p>	<p>Sending programs provide information about children who may need chapter 766 services to school districts annually, in a way that will ensure the confidentiality of information about families. Early Intervention programs are responsible for making referrals of specific children at least 6 months prior to the child's third birthday.</p>	<p>The process of transition is initiated at 2 years, 6 months. To eliminate possible breaks in services for a child transitioning from an Early Intervention program, direct services, in accordance with the signed individualized education plan (IEP), begin no later than a child's third birthday. If receiving programs have specific starting dates and fill their places in the Fall, sending agencies contact special education directors to plan the use of community placements well before these programs have reached capacity.</p>
<p>Parents are involved in jointly designing and providing parent training. Training activities address the following issues:</p> <ul style="list-style-type: none"> • Early childhood programs available in the community • The Chapter 766 process • Rights and responsibilities of parents under Chapter 766 • P.L. 99-457 (Individuals with Disabilities Education Act, 1986) • Community resources for advocacy and support • Other subjects identified by parents 		

ACTIVITIES THAT ARE FULLY IN PLACE
IN YOUR COMMUNITY

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ACTIVITIES THAT ARE
NOT IN PLACE
IN YOUR COMMUNITY

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ACTIVITIES YOU WOULD LIKE
TO SEE IN PLACE
IN YOUR COMMUNITY

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